

an extraordinary, brazen, overt statement of unwillingness to heed the interests of the American people and to get to the bottom of any allegations of wrongdoing in any kind of fundraising. Anyone who suggests we can just sweep this under the rug because people are nervous up here, or somehow they think that looking at congressional inquiries might become the instigator of reform, and therefore, because they don't want reform, they are not going to investigate, is one of the most extraordinary efforts of turning your back on the interests of what we are supposed to be doing here and of the American people.

I will signal for myself, and I think there are other Senators who feel this way—no one is looking for some no-holds-barred embarrassment here. No one is looking for some fishing expedition. But where there are legitimate examples and legitimate allegations with respect to congressional abuses, it would simply be inappropriate for the Congress of the United States to sweep it under the rug and walk away because we fear whatever that might tell us. It would be even more inappropriate to do so because we fear reform.

I can think of nothing that would invite a storm of protest from the American people over a period of time more than that kind of front page statement about the congressional willingness to sweep something under the rug.

I yield the floor.

#### REINSTATEMENT OF OREGON LAW RELATING TO PHYSICIAN-ASSISTED SUICIDE

Mr. ASHCROFT. Mr. President, there are developments in a matter that I think command our attention. I would like to bring them to the attention of the Senate.

Recently, Senator DORGAN and I, joined by 28 of our colleagues, introduced S. 304, the Assisted Suicide Funding Restriction Act. It is simply a law that says no Federal tax dollars shall be used to promote or pay for assisted suicide.

There had been a threat that we might be asked to pay for assisted suicide with Federal Medicaid funds in the State of Oregon. Oregon enacted what was called Measure 16, which allowed for physician-assisted suicide for terminally ill patients in that State. Oregon officials stated that they would be submitting Medicaid bills to the Federal Government to pay for assisted suicide under the category of "comfort care," a euphemism which is particularly troubling to me.

After Oregon passed Measure 16, its implementation was suspended by U.S. District Judge Michael Hogan, in Eugene, OR. While the law was not in effect, we would not be asked to pay Federal dollars, tax dollars of American citizens, to end the lives of individuals rather than to sustain their lives.

Throughout the history of the Medicaid and Medicare Programs, there has

been the presumption that funds for those programs would be used to elevate, encourage, enrich and extend the lives of American citizens. It turns out now that with this one law in one State, we will be asked for Federal resources for medical reimbursements under the health care provided by Oregon's Medicaid program, to end the lives of individuals, to help physicians help patients commit suicide.

Senator DORGAN and I, and 28 of our colleagues, have sponsored legislation to prevent such a practice—to prohibit Federal tax dollars from being expended for assisted suicide. Our legislation had an imperative quality because the decision of an appeals court was pending. But today the Ninth Circuit Court of Appeals dismissed the action which had suspended the implementation of the Oregon law. The Ninth Circuit Court of Appeals, in so doing, potentially clears the way for the State of Oregon to begin calling upon the resources of U.S. taxpayers to assist people in their suicides.

I have to tell you, this is against the values of many of the people with whom I speak and many of those I represent in the State of Missouri. Key groups and organizations, including the U.S. Catholic Bishops, the National Right to Life, and the American Medical Association, oppose assisted suicide, and oppose the use of Federal funds for such a practice, as it is an inappropriate expenditure of tax dollars.

Mr. President, 87 percent of the American public does not want tax dollars spent on dispensing toxic drugs to end the lives of Americans instead of focusing our resources on therapeutic drugs and other therapies to extend and improve the life of American citizens. It is time for us to understand the urgency of this issue, given the fact the Ninth Circuit Court of Appeals rejected the challenge to Measure 16.

Now, the dismissal of the action is appealable by the parties there. They can appeal back to the Ninth Circuit for a hearing en banc, or to the U.S. Supreme Court. But I raise this in the consciousness of the U.S. Senate to say we do not have a significant amount of time, and I believe the vast majority of citizens in this country never anticipated that their tax resources would be consumed in poisoning fellow citizens under the guise of comfort care in the State of Oregon.

We would be derelict in our duty were we to ignore this problem and allow a few officials in one State to decide that taxpayers all across America must help subsidize a practice that has never been authorized in most of America, is considered to be morally abhorrent by many Americans, and is considered to be medically inappropriate by the American Medical Association. Because of today's decision, I implore my colleagues in the U.S. Senate to act swiftly to pass the Assisted Suicide Funding Restriction Act before our tax dollars begin to go for ending, and not saving, the lives of our fellow Americans.

I yield the floor.

#### MEDICAL SAVINGS ACCOUNTS

Mr. ROTH. Mr. President, as part of the Kassebaum-Kennedy health care legislation, passed in the 104th Congress, we provided for a pilot program to explore the potential of medical savings accounts.

These MSA's represent a significant step forward in our objective to promote an environment where Americans can receive quality and affordable health care in market-based programs. MSA's would allow families to participate in higher deductible, lower premium plans.

The money saved on premiums would be placed in tax-sheltered MSA accounts. Families could then use this money to pay for health care costs. They would have a greater stake in the health care delivery system. Their vigilance—as they use their own money—would encourage health care providers to keep costs competitive and quality high.

MSA's would also go a long way toward cutting the high costs associated with health care administration.

It's projected that as families play a more active role in paying for their health care, because of the high deductible nature of MSA's, that less than 10 percent of those using MSA's would send a bill to their insurance. Insurance company involvement would come only after the deductible has been met, or in the case of a catastrophic illness.

As we look for innovative and workable programs to help Americans meet the costs associated with health care, MSA's offer a viable and attractive possibility. I anxiously await the results from the pilot program we initiated, as well as response from our health care community.

Recently, I received a letter and an article from two academics associated with the allied health profession field. Amy B. Hecht, former dean of the Temple University College of Allied Health Professions and James L. Hecht, professor in the political science department at Temple, authored an impressive overview of MSA's.

I ask unanimous consent that their article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### RX FOR HEALTH REFORM—MEDICAL SAVINGS ACCOUNTS GIVE CONSUMERS A STAKE IN CUTTING COSTS

(By James L. Hecht and Amy Blatchford Hecht)

Horror stories constantly are being reported by the media about how America's rapidly changing health care system has caused disastrous results for some and suffering for many. That is not surprising since tens of millions of people are being forced into managed care, where they have far less control than under the previous fee-for-service system.

Unfortunately, little has been said about an alternative: having people pay for normal